EXAMINER'S AMENDMENT

An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Paul Bianco on 12/8/2011.

The application has been amended as follows:

The following is an updated claim listing:

1. (Currently amended) A method of performing a knee arthroplasty surgery on a knee portion of a leg of a patient through an incision, comprising:

~~making an incision in a knee portion of the leg;~~

displacing a patella in the knee portion of the leg from a normal position to an offset position with the articulating surface of the patella facing the femur;

positioning a cutting tool proximal to at least one of an upper or a lower portion of the leg and cutting ~~bone of the leg~~ at least a portion of the articulating surface of the femur while the patella is maintained offset from a normal position and not everted; ~~and~~

~~replacing at least a portion of the articulating surface of a bone of the joint~~

moving at least one implant through the incision while the patella is offset from the normal position with the articulating surface of the patella facing the femur; and

connecting the at least one implant with the cut portion of the articulating surface of the femur while the patella is offset from the normal position with the articulating surface of the patella facing the femur.

2-5. (Canceled)

6. (Previously presented) The method of claim 1, further comprising connecting a guide member, operative to support and thereby guide the cutting tool, to at least one of the upper or lower portions of the leg.

7. (Currently Amended) The method of claim 6, wherein the guide member is connected to the ~~upper portion of the leg, the upper portion being a~~ femur, the guide member including a first end portion in engagement with a lateral condyle of the femur, the first end portion offset medially from a lateral edge portion of the lateral condyle, and a second end portion in engagement with a medial condyle of the femur, the second end portion offset laterally from a medial edge portion of the medial condyle.

8. (Original) The method of claim 7, further comprising cutting the lateral and medial condyle of the femur.

9. (Currently Amended) The method of claim 8, further comprising:

~~moving at least one femoral implant through the incision while the patella is offset from the normal position with the articulating surface of the patella facing the femur; and~~

connecting the at least one ~~femoral~~ implant with the cut lateral and medial condyle of the femur.

10-12. (Canceled)

13. (Original) The method of claim 1, further comprising:

moving a guide member into the incision, the guide member including opposite ends spaced apart by a distance which is less than a distance between a lateral epicondyle and a medial epicondyle on a femur;

positioning the guide member on the femur in the leg of the patient with the opposite ends of the guide member aligned with an axis through the lateral and medial epicondyles;

positioning the cutting tool on the guide member; and

moving the cutting tool along a guide surface on the guide member to cut the lateral and medial epicondyles on the femur.

14. (Currently amended) The method of claim 13 wherein the at least one implant is at least one femoral implant and the method comprises~~, further comprising~~:

~~moving at least one femoral implant through the incision while the patella is offset from the normal position with the articulating surface of the patella facing the femur; and~~

connecting the at least one femoral implant with the cut lateral and medial epicondyles of the femur.

15. (Previously presented) The method of claim 13, further comprising:

cutting the articulating surface of the patella in the knee portion of the leg, wherein the articulating surface of the patella faces towards a posterior portion of the knee portion of the leg and includes removing at least a portion of the articulating surface of the patella.

16. (Currently amended) A method of performing a joint arthroplasty surgery on a leg of a patient through an incision in a knee portion of the leg, comprising:

~~making an incision in a knee portion of the leg;~~

displacing a patella in the knee portion of the leg from a normal position to an offset position with an articulating surface of the patella facing the femur;

positioning a guide assembly proximally to the patella, the guide assembly including a pair of substantially parallel arms and a slot having a guide surface configured for receiving a patella cutting tool;

cutting the inner side of the patella, using the guide assembly, in the knee portion of the leg, prior to resecting the femur or the tibia, while the articulating surface of the patella faces towards a posterior portion of the knee portion of the leg, and includes removing at least a portion of the articulating surface of the patella; and

connecting at least one patella implant to the cut articulating surface of the patella,

wherein the cut articulating surface of the patella faces towards a posterior portion of the knee portion of the leg when the at least one patella implant is connected.

17. (Canceled)

18. (Canceled)

19. (Currently amended) A method of performing a knee arthroplasty surgery on a leg of a patient through an incision in a knee portion of the leg, comprising:

~~making an incision in a knee portion of the leg;~~

displacing a patella in the knee portion of the leg from a normal position to an offset position with an articulating surface of the patella facing the femur;

positioning a cutting tool proximal to at least one of an upper or a lower portion of the leg;

cutting the articulating surface of the patella in the knee portion of the leg, wherein the articulating surface of the patella faces the femur and includes removing at least a portion of the articulating surface of the patella;

cutting at least one of the articulating surface of the femur or tibia in preparation for an implant component to replace the cut articulating surface; and

positioning a patella implant component on the cut articulating surface of the patella,

wherein the articulating surface of the patella is cut prior to displacing the patella from the normal position to the offset position and wherein the articulating surface of the patella faces the femur during positioning of the patella implant.

20. (Canceled)

21. (Currently amended) A method of performing a knee arthroplasty surgery on a leg of a patient through an incision in a knee portion of the leg, comprising:

~~making an incision in a knee portion of the leg;~~

displacing a patella in the knee portion of the leg from a normal position to an offset position with an articulating surface of the patella facing the femur;

positioning a cutting tool proximal to at least one of an upper or a lower portion of the leg;

cutting at least [[one]] a portion of the articulating surface of the ~~femur or tibia in preparation for an implant component to replace the cut articulating surface~~ patella while the patella is in an offset position with the articulating surface of the patella facing the femur;

positioning the implant component on the cut articulating surface of the patella with the cut articulating surface of the patella facing the femur; and

supporting the patient with the lower portion of the leg suspended from the upper portion of the leg, wherein the lower portion remains suspended from the upper portion while ~~the incision is made in the knee portion of the leg and~~ the patella is moved to the offset position with the articulating surface of the patella facing the femur.

22. (Canceled)

23. (Currently amended) A method of performing a knee arthroplasty surgery on a leg of a patient through an incision in a knee portion of the leg, comprising:

~~making an incision in a knee portion of the leg;~~

displacing a patella in the knee portion of the leg from a normal position to an offset position with an articulating surface of the patella facing the femur;

positioning a cutting tool proximal to at least one of an upper or a lower portion of the leg, and cutting articulating surface of the ~~femur or tibia~~ patella in preparation for an implant operative to replace the cut articulating surface, while the patella is in the offset position;

moving a ~~leading end of an endoscope through the incision to~~ fluoroscope or magnetic resonance imaging unit (MRI) into a position to image a posterior portion of the knee portion of the leg of the patient;

inspecting the posterior portion of the knee portion of the leg, including viewing the posterior portion of the knee portion with the fluoroscope or MRI; ~~through the endoscope; and~~

moving the leg of the patient between a flexed condition and an extended condition, wherein the posterior portion of the leg is viewed, at least partially, during movement of the leg of the patient between the flexed and extended conditions; and

positioning the implant on the cut articulating surface of the patella with the cut articulating surface of the patella facing the femur.

24. (Previously presented) The method of claim 1, further comprising:

initiating a cut with the cutting tool along an end portion of at least one of the upper or lower portions of the leg to define a cutting surface; and

completing the cut while guiding the cutting tool along the cutting surface formed during making of the initial cut in an end portion of at least one of the upper or lower portions of the leg.

25-29. (Canceled)

30. (Currently amended) A method of performing a knee arthroplasty surgery on a leg of a patient through an incision in a knee portion of the leg, comprising:

~~making an incision in a knee portion of the leg;~~

displacing a patella in the knee portion of the leg from a normal position to an offset position with an articulating surface of the patella facing the femur;

positioning a cutting tool proximal to ~~at least one of~~ an upper ~~or a lower~~ portion of the leg; and

wherein displacing the patella from the normal position to the offset position comprises moving the patella laterally relative to the knee portion of the leg; ~~and~~

cutting articulating surface bone of the femoral ~~or tibial~~ portion of the leg while maintaining the patella in the offset position with the articulating surface of the patella facing the femur; and

connecting an implant to the cut articulating surface of the femur while maintaining the patella in the offset position with the articulating surface of the patella facing the femur.

31. (Currently amended) A method of performing a knee arthroplasty surgery on a leg of a patient, comprising:

making an incision in a knee portion of the leg of the patient having a length not more than-a distance between, about the proximal end of the tibia to about the epicondylar notch on the distal end portion of the femur;

displacing the patella from the normal position to an offset position with an articulating surface of the patella facing the femur;

cutting at least a portion of the articulating surface of the patella, the patella being maintained in the offset position; ~~and~~

cutting articulating bone surface of the femur or tibia in preparation for a replacement joint component;

moving at least one patella implant through the incision while the patella is offset from the normal position with the articulating surface of the patella facing the femur; and

connecting the at least one patella implant with the cut articulating surface of the patella in the offset position ~~end portion of at least one of the upper and lower portions of the knee portion of the leg~~.

32. (Canceled)

33. (Canceled)

34. (Canceled)

35. (Previously presented) The method of claim 31, further comprising cutting an end surface of at least one of an upper and lower portions of the leg.

36. (Previously presented) The method of claim 35, further comprising:

moving at least one implant through the incision while the patella is offset from the normal position with the articulating surface of the patella facing the femur; and

connecting the at least one implant with the cut end portion of at least one of the upper and lower portions of the knee portion of the leg.

37. (Original) The method of claim 35, wherein the upper portion of the leg is a femur and lateral and medial condyles of the femur are cut.

38. (Previously presented) The method of claim 37, further comprising:

moving at least one femoral implant through the incision while the patella is offset from the normal position with the articulating surface of the patella facing the femur; and

connecting the at least one femoral implant with the cut lateral and medial condyles of the femur.

39. (Canceled)

40. (Previously presented) The method of claim 35, further comprising:

cutting an end portion of the tibia;

moving at least one tibial implant through the incision while the patella is offset from the normal position with the articulating surface of the patella facing the femur; and

connecting the at least one tibial implant with the cut end portion of the tibia.

41. (Previously presented) The method of claim 31, wherein the articulating surface of the patella is cut prior to displacing the patella from the normal position to the offset position.

42. (Original) The method of claim 31, wherein displacing the patella from the normal position to the offset position comprises moving the patella laterally relative to the knee portion of the leg.

43-50. (Canceled)

51. (Previously presented) The method of claim 30, further comprising the steps of:

forming an opening in a bone of the leg; and

positioning a portion of an intramedullary alignment device within said opening.

52. (Previously presented) The method of claim 30, further comprising the step of:

positioning an extramedullary alignment device proximate a bone of the leg.

53. (Previously presented) The method of claim 30, further comprising the step of:

supporting at least the lower portion of the leg on a supporting member including actuating and controlling means, operative to move the lower portion of the leg.

54. (Currently Amended) The method of claim 30, further comprising the step of:

viewing at least a portion of the interior of the leg during surgery using viewing instrumentation selected from the group consisting of: ~~endoscope,~~ fluoroscope[[,]] and magnetic resonance imaging unit (MRI).

55. (Previously presented) The method of claim 30, further comprising the step of:

performing at least part of the surgery using a robotic device.

56. (Previously presented) The method of claim 30, further comprising the step of:

generating and projecting an image on a bone of the leg using a computer, said image operative to guide cutting of the bone.

57. (Previously presented) The method of claim 30, further comprising the step of:

implanting an implant including a plurality of layers, at least one of said layers including at least one material selected from the group consisting of: fetal cells, bone cells, embryonal cells, stem cells.

58. (Previously presented) The method of claim 30, further comprising the steps of:

sequentially passing portions of an implant through said incision; and,

affixing at least two of said implant portions, one to the other, within the leg, in association with one side of the knee joint.

59. (Previously presented) The method of claim 30, further comprising the steps of:

replacing at least a portion of a single condyle with an implant; and, replacing at least a portion of a trochlear groove with an implant.

60. (Currently Amended) The method of claim 30, wherein the cutting tool is ~~fabricated at a lower cost than a reusable cutting tool by being~~ designed to be used in a single procedure and thereafter discarded.

61. (Previously presented) The method of claim 30, further comprising the step of:

positioning said cutting tool proximal to a side surface of the distal end of the femur to guide cutting the bone of the leg.

62. (Previously presented) The method of claim 30, further comprising the steps of:

making a second incision in a knee portion of the leg;

inserting at least one item through said second incision selected from the group consisting of: visualization instrument, inflatable balloon, part of a multi part implant, and surgical instrumentation.

63-67. (Canceled)

68. (Previously presented) The method of claim 1, wherein cutting bone of the leg corrects an alignment of the leg.

69. (Previously presented) The method of claim 68, wherein a cutting guide operative to support and thereby guide the cutting tool is used to correct an alignment of the leg.

70. (Previously presented) The method of claim 1, wherein a computer is used to guide the cutting tool.

71. (Currently amended) The method of claim 1, wherein the cutting tool is connected to a ~~haptic or~~ robotic arm.

72. (Currently Amended) The method of claim 1, wherein an alignment guide is used to guide the cutting tool, the alignment guide custom fabricated for the patient ~~based upon preoperative imaging~~.

73. (New) The method of claim 30, wherein cutting articulating surface bone includes cutting at least a portion of the articulating surface of the femur and wherein at least a portion of the articulating surface of the patella is removed.

74. (New) The method of claim 30, wherein cutting articulating surface bone includes cutting at least a portion of the articulating surface of the femur and the tibia.

75. (New) The method of claim 30, wherein the knee arthroplasty surgery is total knee replacement surgery.

76. (New) The method of claim 30, wherein cutting bone of the leg corrects an alignment of the leg.

77. (New) The method of claim 76, wherein a cutting guide operative to support and thereby guide the cutting tool is used to correct an alignment of the leg.

78. (New) The method of claim 30, wherein a computer is used to guide the cutting tool.

79. (New) The method of claim 30, wherein the cutting tool is connected to a robotic arm.

80. (New) The method of claim 30, wherein an alignment guide is used to guide the cutting tool, the alignment guide custom fabricated for the patient.

81. (New) The method of claim 30, wherein the implant includes a unicompartmental implant.

82. (New) The method of claim 81, further comprising the step of:

performing at least part of the surgery using a robotic device.

83. (New) The method of claim 82, wherein the cutting tool is connected to a robotic arm of the robotic device.

84. (New) The method of claim 83, further comprising the step of:

generating and projecting an image on a bone of the leg using a computer, said image operative to guide cutting of the bone.

85. (New) The method of claim 30, wherein the implant includes at least one bicompartmental implant.

86. (New) The method of claim 30, wherein the implant includes a patellafemoral implant.

87. (New) The method of claim 30, wherein the implant includes at least one total knee replacement implant.

88. (New) The method of claim 1, wherein the cutting is adjusted intra-operatively.

89. (New) The method of claim 1, wherein the implant includes femoral and patellofemoral components that are configured to be interconnected together.

90. (New) The method of claim 30, wherein the cutting is adjusted intra-operatively.

91. (New) The method of claim 30, wherein the implant includes femoral and patellofemoral components that are configured to be interconnected together.

92. (New) The method of claim 71, wherein the robotic arm is controllable by a surgeon.

93. (New) The method of claim 82, wherein the robotic device has a robotic arm controllable by a surgeon.

REASONS FOR ALLOWANCE

The following is an examiner's statement of reasons for allowance: The prior art (including Haines) does not discuss cutting the femur while the patella is offset and in combination with the other claim limitations. Haines discusses cutting the tibia while the patella is offset, but not the femur. Haines also does not address claim limitations such as installing an implant while the patella is offset: Haines is directly only to cutting of the knee.

Also, the prior art does not disclose (in combination with the other claim limitations) connecting/positioning a patella implant to the cut articulating surface of the patella wherein the cut surface of the patella faces towards a posterior portion of the knee portion and the patella is offset when the implant is connected.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to **Mary Hoffman whose telephone number is (571) 272-5566**. The examiner can normally be reached on Monday-Friday, 9am -5:30pm.

If attempts to reach the examiner by telephone are unsuccessful, ***please contact*** **the examiner's supervisor, Eduardo C. Robert, at (571) 272-4719**. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

If there are any inquiries that are not being addressed by first contacting the Examiner or the Supervisor, you may send an email inquiry to TC3700_Workgroup_D_Inquiries@uspto.gov***.***

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/Mary C. Hoffman/

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